

**IC 36, REPORT OF OUTSTANDING AWARDS FOR FATAL, PERMANENT PARTIAL
IMPAIRMENT, AND PERMANENT TOTAL DISABILITY CLAIMS**

(Name of Insurer or Self-Insured Employer)

Year: _____

For Calendar Quarter Ending: ☐ March ☐ June ☐ September ☐ December

(1) Date Of Injury	(2) Claimant Name (as shown on First Report of Injury)	(3) Type of Claim	(4) Total Awards	(5) Compensation on this Report	(6) Total Compensation Paid	(7) Adjustment	(8) Unpaid Balance
Total							

Send Original to: Fiscal Section, Industrial Commission, P.O. Box 83720, Boise, Idaho 83720-0041

Corporate Officer's Signature and Title

Printed Name

Date: _____

Print Name and Title of Preparer: _____

Company: _____

Address: _____

Telephone: _____

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